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CONFIRMATION NO. 5641

Bib Data Sheet

SERIAL NUMBER 10/753,205	FILING OR 371(c) DATE 01/06/2004 RULE	CLASS 607	GROUP ART UNIT 3762	ATTORNEY DOCKET NO. 31685-704.503
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APPLICANTS

Daniel John DiLorenzo, Ft. Washington, MD;

**** CONTINUING DATA *******

This appln claims benefit of 60/438,286 01/06/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
**** 08/06/2004**

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature <u>SS</u> Initials		
STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
MD	42	23	6

ADDRESS
21971

TITLE

Apparatus and method for closed-loop intracranial stimulation for optimal control of neurological disease

FILING FEE RECEIVED 1006	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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